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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/619,820
Filing Date	July 14, 2003
First Named Inventor	Liu et al.
Art Unit	1651
Examiner Name	Bradrick, Thomas

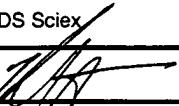
Attorney Docket Number

40US

ENCLOSURES (Check all that apply)

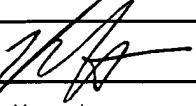
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MDS Sciex		
Signature			
Printed name	Kelvan Howard		
Date	01/23/06	Reg. No.	48,999

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kelvan Howard	Date	01/23/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MDS Sciex, Inc.
1170 Veteran's Way
S. San Francisco, California 94108-0
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Amendment Transmittal

Docket No. 28US 1 PW

In re application of: Liu et al.,

Application No.: 10/619,820

Filed: July 14, 2003

Group Art Unit: 1651

For: LABEL-FREE METHOD FOR CLASSIFICATION AND CHARACTERIZATION OF CELLULAR EVENTS

THE COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents in the above-identified application.

Transmittal Form
 Petition for Extension of Time under 37 CFR 1.136(a);
 Reply/Amendment;
 Change of Correspondence Address;
 Return Postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 25	MINUS	** 35	= 0
INDEP.	* 2	MINUS	*** 3	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE	RATE	ADDIT. FEE
x \$9.00 =	\$0.00	x \$18.00 =	0
x \$42.00 =	\$0.00	x \$84.00 =	0
+ \$140.00 =	\$0.00	+ \$280.00 =	
TOTAL ADDIT. FEE	\$0.00	TOTAL	0
OR		OR	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

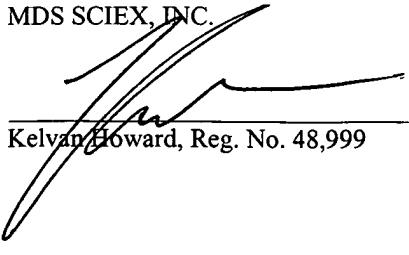
No fee is due.

Please charge Deposit Account No. 502822 as follows:

Claims fee \$ _____
 Any additional fees associated with this paper or during the pendency of this application.

NO extra copies of this sheet are enclosed.

MDS SCIEX, INC.


Kelvan Howard, Reg. No. 48,999